

CALIFORNIA COUNTER DRUG PROCUREMENT PROGRAM TURN-IN REQUEST OES-657TI (REV 04/08)

SUBJECT: Request for Turn-In of 1033/1208 DEMIL / Non-DEMIL Equipment

	OCEDEC 1. Hequest for Fairt in or 1000/1200 Belville/ 14							
1 Agency Name:								
ATTN (POC):								
Phone#:Fax#:								
E-mail:								
Street Address:								
City, State, Zip:								
Signature: Date:								
Property Approved by SC for Turn-In: YES / NO			3 LESO USE ONLY					
State Coordinator:			Property Approved for Turn-In: YES / NO Turn-In 1348 issued: YES / NO					
			Removed from LEA Inventory: YES / NO					
SC:	SC:Date:			LESO: Date:				
disposition requests that have a State Coordinator signature authorizing the Turn-In equipment. If you have any questions, please feel free to contact the State Coordinator's Office at (916) 324-9171 or (916) 324-6724.								
Item Number	Item Description	NSN		T DTID	Doc#	9 Turn-In qty.	DEMIL	
1								
2								
3								
4								
5								
6								
11 Name of DRMO Accepting Approved Turn-in Request:								
12 Cond	Condition of Equipment							

NOTE: Upon actual Turn-In of 1033/1208 property provide the State Coordinator's office with a copy of the completed and signed Turn-In receipt (DD Form 1348). Records must be maintained on all Turn-Ins pursuant to LESO records retention policy.